## Domestic Violence: Assessing the Risk & Supporting the Victim

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# RISK ASSESSMENTS: FROM RESEARCH TO PRACTICAL TOOLS

Presented by:

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#### Presentation Overview

- 1. Legal/statutory considerations
- lacksquare 2. The notion of risk in IPV cases
- $\blacksquare$  3. Pros and cons of RA tools
- 4. Limitations on use
- 5. What happens before an intimate partner femicide?
- 6. The <u>Arizona Intimate Partner RA Instrument System</u> (APRAIS)

#### Part 1: Legal/Statutory Considerations

- ARS 13-3967: Release on bailable offenses before trial, judicial officer shall consider:
- B3: Prior arrest or conviction for a serious offense or violent or aggravated felony
- Evidence accused poses a danger to others
- The results of a RA or lethality assessment presented to the court

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#### U.S. Supreme Court on RA



- Barefoot v. Estelle (463 U.S. 880 (1983)
- Expert testimony on dangerousness may not always be
- Nevertheless, such testimony is admissible and ought be subject to the adversarial process
- Schall v. Martin, 467 U.S. 263 (1984) upheld practice of preventive detention for juvenile criminal suspects based on a prediction of his/her risk of future dangerousness

### State courts - varying views of RA

- ■Pettingill v. Pettingill, 480 S.W.3d 920 (KY 2015) - Kentucky Supreme Court upheld lower court decision to grant OP (order of protection) based partially on the appropriate employment of the judge's knowledge of risk markers
- State v. Ketchner, 339 P.3d 645 (AZ 2014) limits a prosecutor's ability to utilize the information in a lethality assessment

#### State courts - varying views of RA

- State v. Loomis, 881 N.W.2d 749 (WI 2016) Use of RA as a factor to be considered at sentencing does not violate defendant's due process rights
- RA cannot be used as the determinative factor in deciding whether an offender can be supervised safely and effectively in the community
- RA may not be used to determine whether to incarcerate an offender or the severity of the sentence

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| +<br>Part 2: The Notion of Risk in IPV Cases   |   |
| Part 2: The Notion of Risk in IPV Cases  |   |
|  |   |
| ■ Risk of what – homicide, near-death, injury, severe assault?   |   |
| ■ To whom? Female victim? Male victim? Children? Agency  |   |
| personnel?   |   |
| ■ For how long? Timing? Resource allocation?   |   |
| ■ Trend toward using RA in the courts  |   |
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| + Dieless Lethelites Assessment  |   |
| Risk v. Lethality Assessment   | - |
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| ■ Risk Assessment: evaluates degree of danger or threat of re-   |   |
| assault, severe re-assault, near-death, or death   |   |
| ■ Lethality Assessment: evaluates likelihood of a killing  |   |
| ■ Note remote chances of predicting DV death   |   |
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| Three Types of Risk Assessment   | - |
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| ■ Clinical (professional opinion only – shamanistic,   |   |
| problematic)   |   |
| ■ Actuarial – integrates statistical markers   |   |
| ■ Structured professional judgment (SPJ) – uses clinical and   |   |
| actuarial. OKA: Structured decision making (SDM)   |   |
| <ul> <li>SPJ – Emphasis on evidence-based frameworks, consistency,<br/>but also flexibility with individual cases</li> </ul> |   |
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| + Part 3: Pros and Cons of RA Tools   |               |  |
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| Pros  |               |  |
| <ul> <li>Shared language of risk- informs CJS decisions<br/>regarding bail, conditions of release, supervision,<br/>sanctions, &amp; treatment</li> </ul> |               |  |
| <ul> <li>Public education and awareness-includes<br/>legal/social services</li> </ul>   |               |  |
| Open-ended questions invite greater sharing of<br>risk information? Potentially useful for<br>judges/prosecutors.   |               |  |
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| + Pros  |               |  |
| FIOS  |               |  |
| Evidence informed: We know much more about what<br>happens before IPH with female victims   |               |  |
| ■ Connecting victims and perpetrators with social services/safety planning (Caution: Services – Safety?)  |               |  |
| ■ Relatively close correspondence between research on risk  |               |  |
| and the findings of DVFRTs  |               |  |
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| Pros  |               |  |
| ■ Clusters of markers seem to matter, especially in   | <b>'-</b>   - |  |
| homicides   |               |  |
| <ul> <li>Ontario DVFRT - 75% of the cases reviewed from<br/>2003-2012 had 7+ risk markers</li> </ul>  |               |  |
| <ul> <li>Caution: no matched control/referent group<br/>analysis with the Ontario research</li> </ul>   |               |  |
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Pros ■ Initial evaluation of the LAP encouraging ■ Messing et al., 2015- Non-equivalent groups quasiexperimental field trial using three groups ■ LAP <u>associated with</u> an increase in protective actions and a decrease in the frequency and severity of violence among this sample of IPV survivors Possible Pros (Balson, 2016) ■ Effective use of RA data by prosecutors ■ Decision to charge ■ State assumes prosecution with a reluctant (e.g. recanting) victim ■ In response to motions to modify release conditions ■ In response to situations where victims want the perpetrator released from custody Possible pros ■ For impeachment at trial ■ To aggravate a sentence ■ Inform bail hearings ■ For support in probation revocation and/or termination hearings ■ RA helpful when prosecutor cannot reach victim

Possible limitations ■ Note: Federal Rule of Evidence 404 – evidence of a person's character, and evidence of a crime, wrong, or other act is NOT admissible to prove that on a particular occasion the person acted in accordance with that character or trait ■ Note exceptions – see Balson, 2016, 86 Cons ■ Problematically chops the abusive relationship up into discrete risk markers/binaries ■ E.g. Separation marker-process not binary  $\blacksquare$  Flat, one-off RAs v. longitudinal or rolling RAs ■ CJ interventions v. others (housing, childcare, jobs, legal aid) ■ IPH has a low base rate (rare) therefore v. difficult to predict + Cons ■ Discoverability and notification thereof – discoverable openended questions may render victims more vulnerable  $\blacksquare$  Potential affronts to the dignity and autonomy of victims ■ Tendency to present alarmist perspective to victims  $\blacksquare$  We see these characteristic risk factors in a significant proportion of cases where men murder women, versus  $\blacksquare$  We see these markers in x hundred thousand cases/year where women not re-victimized, killed, and so on

Cons ■ We need research that tracks the outcomes of the alarmist v. more comprehensive choice presentations?  $\blacksquare$  Can victims give informed consent under duress or in crisis situations? ■ Does the current nonchalance about giving RAs paternalistically conceive of victims as incompetent?  $\blacksquare$  Should victims give informed consent before completing a Part 4: Limitations on Use  $\blacksquare$  Time it takes – often a reason stated for not administering or considering. Note officer security  $\blacksquare$  Resource follow up. No point in using if inadequate advocacy follow up ■ Not appropriate for male victims even though some police agencies ask men the questions. Reason: research only generated on female victims Part 5: What happens before an IP femicide? ■ Behavior/relationship dynamics ■ Specific risk markers

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| + Behaviors of Victims and Perpetrators  |              |
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| ■ Victim/Perpetrator binary problematic  |              |
| Haaken "stock scripts" - virtuous female<br>protagonist and a one-dimensional male villain."                               |              |
| ■ Denial: lots of it. Victims ashamed and will hide  |              |
| abuse, especially the more grievous forms  |              |
| Minimization: Perpetrators minimize violence and<br>its impact   |              |
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| +<br>Behaviors   |              |
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| <ul> <li>Appearance of Dishonesty: common. Recanting,<br/>requesting dismissal of charges, refusing to testify,</li> </ul> |              |
| testifying for batterers  Possible reasons: complex trauma, confusion,   |              |
| <ul><li>befuddled thinking</li><li>Witness intimidation: many ways, subtle, invisible</li></ul>                            |              |
| in plain sight   |              |
| The appearance of complicity does not necessarily<br>signify complicity  |              |
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| Behaviors  |              |
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| ■ Counterintuitive behavior of victims   |              |
| <ul> <li>Victims won't necessarily report abuse, leave,<br/>cooperate with prosecution</li> </ul>                          |              |
| ■ Fear of losing their children to CPS   |              |
| ■ Hope for relationship  |              |
| ■ Stigma of divorce  |              |
| ■ Leaving not easy – safety, having confidence   |              |

**Behaviors** ■ Her "indecisiveness" about leaving affected by all kinds of complexities: ■ Losing her home, possessions, job, father for the kids, status as wife, a partner who she once loved, money, family/friends, pets, routines, thingsknown, children (?) ■ Safety – leaving -dangerous, payoffs delayed lacktriangle Batterer remorse, begging for forgiveness, promising to change **Behaviors** ■ Batterers blame victims for negative outcomes  $\blacksquare$  Like others, batterers and victims complex people ■ Taunting and potential provocation by victims? Offender Behavior ■ Situational couple violence (M. Johnson) ■ Intimate terrorism and coercive control ■ Relevance to RA (Hitting v. Battering)

| + Situational Couple Violence (SCV)   |   |
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| ■ Arises out particular situations  |   |
| ■ No attempt to control   |   |
| ■ Most common form of IPV   |   |
| ■ Stress and anger release  |   |
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| Situational Couple Violence   |   |
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| ■ Serious injury including death possible   |   |
| ■ Typically is less severe and fleeting   |   |
| <ul> <li>Offenders immature, poor communicators, abuse<br/>drugs and alcohol, poor anger control</li> </ul> |   |
| ■ Men and women commit similar amounts  |   |
| ■ Social surveys find SCV not so much IT  |   |
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| Intimate Terrorism (IT)   |   |
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| ■ Perpetrator strategizes <u>general control</u>  |   |
| ■ Originally called "Patriarchal Terrorism"   |   |
| ■ PT implied violence rooted in patriarchal ownership, attitudes, traditions. Problematic                   |   |
| ■Appears to be profoundly gendered  |   |
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Intimate Terrorism ■ Female intimate terrorists ■ Johnson - IT roughly Men: Women = 90:10 ■ Abuser violent & controlling. Partner is not (Johnson) ■ Reservations: recent research on control/aggression (Archer, 2000; Bates & Graham-Kevan, 2016) lacksquare Many studies point too a link between women's violence and control motives (Bair-Merritt et al, 2010) IT ■ Regardless of the gender ratios of IT, most agree that women are more likely to receive serious injuries ■ Women more likely to report depression, stress, and suicidal thoughts/attempts as a consequence of IPV than men ■ Men less likely to report assaults by their partner (Felson & Pare, 2005) ■ Dependent and antisocial types Common Themes in IP Femicides: DVFR, Research, & Other Observations ■Prior DV History ■Prior DV History ■ Rigid control ■ Weapons use Attempted choking ■ Surveillance (multiple/serial) ■ Escalation ■ Twists ■ Threats to kill ■ Entrapment (Attempts better) ■ Is he capable of ■ Access to weapons killing you? Stalking

| + Pending/actual separation or   |  |
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| emotional estrangement   |  |
| Especially when batterer "highly controlling" (Campbell et al, 03)   |  |
| Ontario DVFRT (2008): actual or pending separation found in 62 of 77 (81 Percent) intimate femicides             |  |
| Generally threat associated with separation fades<br>First few days and up to 3 months appear critical           |  |
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| + Obsessive possessiveness/morbid  |  |
| jealousy   |  |
| ■ Extreme and homicidal possessiveness among perpetrators  |  |
| At some level he thinks/feels he owns her,<br>particularly her reproductive capacities                           |  |
| ■ Is he violently and constantly jealous of you?<br>(Campbell et al, 03)   |  |
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| +<br>Depression and suicidal potential   |  |
| Depression and suicidal potential  |  |
| ■ More pronounced in homicide suicides<br>(Rosenbaum - nine out of 12 cases of homicide-                         |  |
| suicide but none in 24 cases of IPH  |  |
| <ul> <li>Ontario (2008) – perpetrator depressed (lay or<br/>professional) in 45 out of 77 cases (58%)</li> </ul> |  |
| <ul> <li>Prior threats or attempts to commit suicide in 37<br/>out of 77 (48%) – discerning question</li> </ul>  |  |
| ■ Has your partner ever threatened or tried suicide?   |  |
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| + Alcohol and Drug Abuse  |  |
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| ■ Alcohol and drug abuse a correlate of DV  |  |
| ■ Chronicity seems to be the key  |  |
| ■ If he is feeding her habit (e.g. meth, heroin) very   |  |
| difficult for RA intervention to have any effect  |  |
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| + Abuse during pregnancy  |  |
| ribuse during pregnancy   |  |
| <ul><li>Kicking or punching a pregnant partner</li><li>Sexually assaulting a pregnant partner</li></ul> |  |
| <ul><li>Attempting to induce a miscarriage</li><li>Depriving a pregnant partner of sleep</li></ul>      |  |
| ■ Denying or interfering with prenatal care  ■ The developing fetus experiences these abuses in         |  |
| utero   |  |
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| + Stepchildren in the home  |  |
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| ■ Major risk marker for violence against wives  |  |
| More dangerous if it is her child from a previous<br>relationship than his child                        |  |
| Not one of the leading risk marker questions for<br>intimate femicide                                   |  |
| ■ Major risk marker for death of the child  |  |
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| + Abuser's unemployment status   |   |
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| ■ Abuser's unemployment  |   |
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| <ul> <li>Meaning-explore link to shame and humiliation,<br/>compromised masculinity</li> </ul>               |   |
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| + Part 6: The <u>Arizona Intimate Partner RA</u>   |   |
| Instrument System (APRAIS)   |   |
| ■ Danger Assessment – informed APRAIS questions ■ Eleven-city case control study                             |   |
| Compared 220 intimate femicide victims with a control group of 343 abused women                              |   |
| ■ Stylish landmark study   | - |
| ■ Campbell et al., 2003  |   |
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| DA   |   |
| ■ Sought information from two potential proxy informants (identified from the case records such as police or |   |
| medical examiner files) <u>knowledgeable about the</u> <u>victim's relationship with the perpetrator</u>     |   |
| ■ Applied a 15-question DA tool  |   |
| ■ Intimate femigide gages just under eight "Ves"   |   |
| Intimate femicide cases just under eight "Yes"<br>responses  |   |
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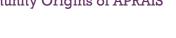
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#### DA

- Among the 343 control group cases the average score was just over three
- 83 percent of women killed scored four or more yes responses
- Almost 40 percent of the women who were *not* killed also scored 4+ yes responses

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### Community Origins of APRAIS



- Arizona RA conferences (2012-2013)
- RA developments across the state (Glendale, Mesa, Tucson, Phoenix, Flag PDs)
- Yavapai: DVFRT + CCRT + other community input (CIRA)
- Devised <u>questions & protocols</u> in conjunction with agencies/stakeholders, especially LE, prosecution, public defender, advocacy, and judges

Yavapai Risk Assessment Project

DV
Advocates
and
Survivors

CCRT and
DVFRT

Public
Health

Protocol

#### \*Research Roots of APRAIS

- Used extensive research to inform the development of the questions and protocols (Campbell et al., 2003; Snider et al., 2009; Messing et al., 2015)
- Focus of Yavapai and APRAIS: risk of severe re-assault or near lethal violence
- Danger Assessment informed APRAIS questions
- Eleven-city case control study
- Compared 220 intimate femicide victims with a control group of 343 abused women
- Stylish landmark study
- Campbell et al., 2003

#### + APRAIS GOALS

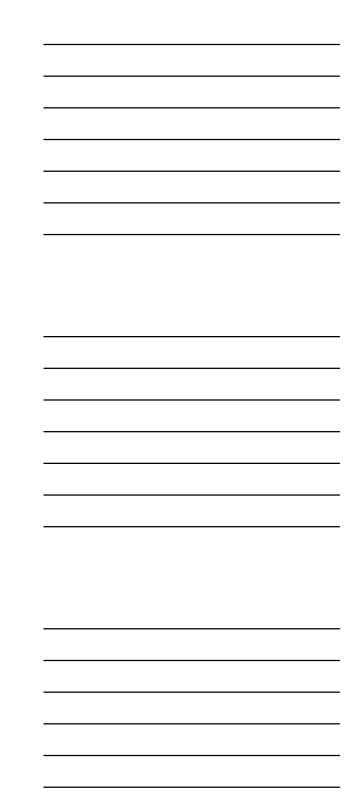
- Produce <u>standardized</u> & <u>evidence-based</u> RA tool and protocols for law enforcement & advocacy
- Create a shared language of risk to inform CJS decisions regarding bail, conditions of release, supervision, sanctions, & treatment
- Provide education to inform case handling and public awareness on a broader scale, e.g. public health screening
- Create an addendum to the Form 4 through which law enforcement can communicate IPV risk to the court
- Work with law enforcement regarding existing reporting mechanisms and possible long term realignment

#### **CIRA Protocols**

- Conduct the risk assessment after the on-scene investigation is completed
- CIRA intended for IPV only

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- Questions are <u>optional</u> and asked of male and female victims
- To the alleged victim: we are assessing "potential danger"
- You have to make your own decisions
- To the alleged victim: RA <u>discoverable</u>



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#### **Protocols**

- $\blacksquare$  Two categories: risky (2 or 3 yes); high risk (4+)
- Risky and high risks triggers optional links with advocacy and a follow up by detectives
- The behavior/s you answered "yes" to have been present in <u>very dangerous</u> situations
- Victims in the "risky" group experienced a 6 times more elevated risk of severe re-assault or near lethal violence when compared to those with fewer than 2 risk factors present
- "High-risk" 10.5x

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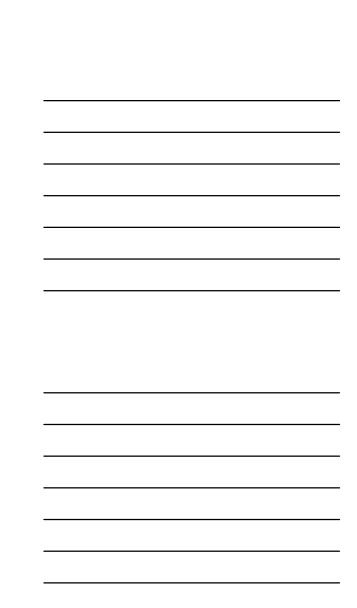
#### **CIRA Protocols**

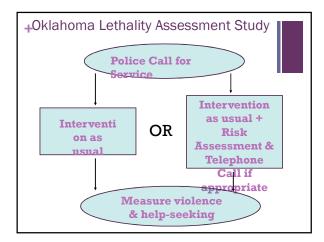
- "No" answers do not signify no abuse! We saw this as an opportunity to perform a safety sweep to add another potential layer of protection
- Detective and Victim Support Personnel follow-up
- We cannot tell you your best course of action!

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#### **APRAIS Questions**

- lacktriangle Two tiers of questions
- Tier one signal questions, best predictive power
- Tier two inform law enforcement, prosecution, and advocacy about the cases without necessarily adding to predictive power
- Asked Dr. Messing to test these questions against the data from her Oklahoma Lethality Assessment Study

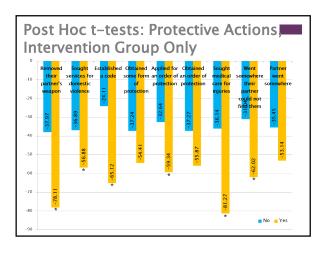




#### **+**Measures

Two structured telephone interviews conducted approximately months apart. Participants were asked questions about:

- Their demographic and relationship information
- The violence that they had experienced (prior to interview #1, between interviews #1 & #2)
- $\bullet\,$  Risk of homicide on the Danger Assessment
- Protective actions taken (prior to interview #1, immediately after the intervention, between interviews #1 & #2)



#### Community Informed Risk Assessment

| Question   | Yes | No | Decline |
|--|-----|----|---------|
| Has the physical violence increased in frequency or severity over the past six months?     a. Alternate wording: Is the pushing, grabbing, hitting, or |     |    |         |
| other violence happening more often?   |     |    |         |
| Is he/she violently and constantly jealous of you?   |     |    |         |
| 3. Do you believe he/she is capable of killing you?  |     |    |         |
| Have you ever been beaten by him while you were pregnant? (e.g. hit, kicked, shoved, pushed, thrown, or physically hurt with a weapon or object)       |     |    |         |
| 5. Has he/she ever used a weapon or object to hurt or threaten you?  |     |    |         |
| 6. Has he/she ever tried to kill you?  |     |    |         |
| 7. Has he/she ever choked/strangled/suffocated you?  If this has happened more than once, check here   |     |    |         |
| Totals   |     |    |         |

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|--|-----|----|---------|
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| Have you ever been beaten by him while you were <b>pregnant?</b> (e.g. hit, kicked, shoved, pushed, thrown, or physically hurt with a weapon or object)  |     |    |         |
| Has he/she ever used a <b>weapon</b> or object to hurt or threaten you?  |     |    |         |
| Has he/she ever tried to kill you?   |     |    |         |
| Has he/she ever choked/strangled/suffocated you?  If this has happened more than once, check here  |     |    |         |
| Totals   |     |    |         |

# Professional Judgement Tier 2: Ask on scene or during follow up. 8. Does he/she control most or all of your daily activities? 9. Is he/she known to carry or possess a gun? 10. Has he/she ever forced you to have sex when you did not wish to do so? 11. Does he/she use illegal drugs or misuse prescription drugs? (e.g. meth, cocaine, painkillers, etc.) 12. Has he/she threatened to harm people you care about? 13. Did you end your relationship with him/her within the past six months? Does he/she know or sense you are planning on ending your relationship with him/her? 14. Has he/she experienced significant financial loss in the last six months? 15. Is he/she unemployed? 16. Has he/she ever threatened or tried to commit suicide?

| + Advocacy intervention  |   |
|--|---|
| For all potentially available interventions, it is the victim's choice whether or not to   |   |
| accept offered assistance or information.  If available, an advocate should join officers on-scene to provide support and information about local advocacy resources.        |   |
| ■If available, a local (or partner) advocacy organization should be called on the telephone for crisis intervention.   |   |
| If available and safe for the victim, telephone or in-person follow-up by a local advocate<br>should be provided.  |   |
| If in-person or telephone advocacy services are not available on scene, police officers<br>should provide a card with information about local, state and national resources. |   |
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| Questions and contact information  |   |
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| ■ 928-637-4510   |   |
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